

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Department of Health

Health Regulation and Licensing Administration
Medical Marijuana Program



Medical Marijuana Program
Certification Provider Permit Application Instructions

I. INTRODUCTION

The Mayor, pursuant to section 14 of the Legalization of Marijuana for Medical Treatment Initiative of 1999 (Act), effective July 27, 2010 (D.C. Law 18-210; D.C. Official Code 7-1671.01, et. seq.), and Title 22 of the District of Columbia Municipal Regulations (DCMR) that adds a new subtitle C entitled “Medical Marijuana,” hereby gives notice that it will begin accepting applications for Medical Marijuana Certification Provider Permits. It should also be noted that the Department reserves the right to deny any and all applications consistent with its duly established statutory and regulatory authority.

II. APPLICATION

All items in the application must be complete before the application review will begin.

All applications shall be submitted to:

Health Regulation and Licensing Administration
Department of Health
899 North Capitol Street, NE 2nd Floor
Washington, DC, 20002
Attn: MMP Certification Provider Permit

Each applicant shall file two (2) printed and bound copies and one electronic (PDF) copy of all application materials. All materials should be clearly defined and referenced in the application. All costs involved in preparation and submission of an application shall be the responsibility of the applicant. The Department shall not be responsible for any costs incurred by an applicant in preparation or submission of an application.

To be accepted for consideration, all applicants must provide:

- a. a completed MMP Certification Provider Permit application
- b. a copy of the curriculum and all learning objectives
- c. a copy of all proposed training materials including references and a description of how the materials are made available to the student
- d. CV of faculty including specific information that qualifies faculty as subject matter experts
- e. a copy of all examinations with answers provided and rationale for correct answer
- f. a copy of the student evaluation form
- g. a copy of proposed promotion or advertisements for the program
- h. information provided to student with regard to requirements for successful completion of program
- i. a copy of the certificate provided to successful students

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- j. the application fee in the amount of one hundred dollars (\$100.00). All fees shall be paid by cashier's check, certified check, or money order made payable to the DC Treasurer. The application fee is not refundable.
- k. the annual permit fee for the entire three (3) year permit in the amount of three hundred dollars (\$300.00). All fees shall be paid by cashier's check, certified check, or money order made payable to the DC Treasurer. The permit fee will be returned to the applicant if the permit is denied.
- l. signed certification form (Clean Hands Document)
- m. For individual owners:
 - Trade name of the business and copy of the trade name registration from the Department of Consumer and Regulatory Affairs (DCRA)
 - Name and address of the individual (no P.O. Boxes will be accepted)
 - Date of birth of the individual
- n. For partnership or limited liability company:
 - Legal name of business or, if the business will be using a trade name other than its legal name, a copy of the trade name registration from the Department of Consumer and Regulatory Affairs
 - Names and addresses of each member of the partnership or limited liability company
 - Date of birth of each member of the partnership or limited liability company.
 - Certificate of Good Standing for the partnership or limited liability company issued by the Department of Consumer and Regulatory
- o. For corporate applicants:
 - Legal name of the business or, if the business will be using a trade name other than its legal name, a copy of the trade name registration from the Department of Consumer and Regulatory Affairs
 - Certificate of Good Standing for the corporation from the Department of Consumer and Regulatory Affairs
 - Names and addresses of each of the corporation's principal officers, directors, and shareholders holding directly or beneficially, one percent (1%) or more of its common stock, articles of incorporation and bylaws of the corporate.
 - Date of birth of each of the corporation's principal officers, directors, and shareholders defined above
- p. For entities not located in the District of Columbia, provide name and address of resident agent.

III. Application Review and Evaluation Criteria

In accordance with 22 DCMR C §5105.2, a medical marijuana certification provider shall include the following subjects in its education training program; which shall be submitted to the Department for approval:

- (a) The effect medical marijuana use has on the body and behavior, especially as to driving ability, and that driving under the influence of marijuana is prohibited by the Act;
- (b) Procedures for the proper handling and dispensing of medical marijuana to qualified patients and caregivers;

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- (c) Methods of recognizing and communicating with underage qualifying patients and caregivers;
- (d) Prevention techniques involving effective identification and carding procedures;
- (e) Explanation of the Legalization of Marijuana for Medical Treatment Amendment Act of 2010 and Federal law relating to marijuana and ensuring compliance with this title and District Law;
- (f) Advertising, promotion and marketing of medical marijuana; and
- (g) Security and theft prevention.

The Department shall make the final determination as to the qualifications of the applicant and compliance of the applicant's program with § 5105.2, and may require a meeting with the applicant prior to issuing its decision. The Department will notify applicants of status of the application in writing within 30 days of submission of a complete application. Students may not begin the course until the permit is issued.

Approval of a medical marijuana training and education program shall expire after three (3) years from the date of the course obtaining approval. The applicant shall resubmit a program to the Department for approval as part of its application to renew its medical marijuana certification provider permit.

Applicants should e-mail all written questions or requests for clarification regarding this announcement or the application process to doh.mmp@dc.gov with "MMP-CP Question" in the subject line. Questions and responses will be posted on the Department's Medical Marijuana Program website: www.hrla.doh.dc.gov/mmp. Phone inquiries will not be accepted.

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Certification Provider Permit Application

Organization Name: _____

Street Address: _____

Suite/Unit/Apt: _____

City: _____

State: _____

Zip Code: _____

Telephone Number _____ Fax Number: _____

Primary Contact Name: _____

Telephone Number: _____ Email Address: _____

- Type of Ownership*: ☐ Proprietorship
(check one) ☐ Corporation
☐ Partnership/Joint Venture
☐ Individual

*Provide appropriate documentation as a separate attachment as defined in instructions regarding business entity.

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Resident Agent located within DC designated to accept service of process

Name: _____

Title: _____

Address Line 1: _____

Address Line 2: _____

The undersigned applicant certifies that the application is complete and accurate.

The undersigned applicant assumes any and all risk or liability that may result under District of Columbia and federal laws and regulations from the operation of a medical marijuana cultivation center.

The undersigned applicant acknowledges that he/she understands that the medical marijuana laws and enforcement thereof of the District of Columbia and the Federal government are subject to change at any time and that the District of Columbia shall not be liable as a result of these changes;

The undersigned applicant attests to the fact that the applicant is the true and actual owner of the business for which the registration is sought; the applicant intends to carry on the business for the entity identified in the application and not as the agent of any other individual, partnership, association, or corporation not identified in the application; and the registered establishment will be managed by the applicant in person or by a registered manager approved by the Director;

The undersigned specifically acknowledges receipt and advisement of the notices below. The undersigned agrees to and accepts the limitation of liability against the District, and the requirement to indemnify, hold harmless, and defend the District.

(a) Limitation of Liability – The District of Columbia shall not be liable to registrant, its employees, agents, business invitees, licensees, customers, clients, family members or guests for any damage, injury, accident, loss, compensation or claim, based on, arising out of or resulting from registrant's participation in the District of Columbia's medical marijuana program, including but not limited to the following: arrest and seizure of persons and/or property, prosecution pursuant to federal laws by federal prosecutors, interruption in registrant's ability to operate as a certification provider; any fire, robbery, theft, mysterious disappearance or any other casualty; the actions of any other registrants

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or persons within the organization. This Limitation of Liability provision shall survive expiration or the earlier termination of this registration if such registration is granted.

(b) **Indemnification, Hold Harmless and Defense Obligations** – Registrant hereby indemnifies and holds the District of Columbia, its officers, directors, employees, affiliates and agents ("Indemnified Parties") harmless and shall defend the Indemnified Parties (with counsel satisfactory to District of Columbia) from and against any and all losses, costs, damages, liabilities, expenses, claims and judgments (including, without limitation, attorneys fees and court costs) suffered by or claimed against the Indemnified Parties, directly or indirectly, based on, arising out of or resulting from (i) registrant's establishment and operation as a certification provider in the District's medical marijuana program. (ii) the negligence or willful misconduct of registrant or its employees, contractors, agents, licensees, guests or invitees, (iii) any breach or default by registrant in the performance or observance of its covenants or obligations under this registration, or (iv) any violations of law by of registrant or its employees, contractors, agents, licensees, guests or invitees.

(c) **Federal Prosecution** - The United States Congress has determined that marijuana is a controlled substance and has placed marijuana in Schedule I of the Controlled Substance Act. Growing, distributing, and possessing marijuana in any capacity, other than as a part of a federally authorized research program, is a violation of federal laws. The District of Columbia's law authorizing the District's medical marijuana program will not excuse any registrant from any violation of the federal laws governing marijuana or authorize any registrant to violate federal laws.

Any person who knowingly makes a false statement on an application, or in any accompanying statement under oath that the Department may require, shall be guilty of the offense of making false statements. The making of a false statement, whether made with or without the knowledge or consent of the applicant, shall, in the discretion of the Director, constitute sufficient cause for denial of the application or revocation of the registration. The making of false statements shall also constitute the basis for a criminal offense under D.C. Official Code § 22-2514.

Signature

Title

Printed Name

Date

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Certification Form

The undersigned applicant understands that if he/she knowingly falsifies this Certification, the Department will move to revoke the license or permit for which he/she is applying, and to fine the undersigned \$1,000.00. He/she further understand that the Department may conduct an investigation to ascertain the veracity of this certification. The undersigned applicant understands that this Certification is now required as documentation to accompany the application for a license or permit, and that by completing this Certification, he/she is not guaranteed that the license or permit will be approved. Please read carefully and completely before signing. A false statement on this certification requires that the Department proceed immediately to revoke the license or permit for which the undersigned applicant is now applying and fine him/her \$1000.00. This certificate is required by the "CLEAN HANDS BEFORE RECEIVING A LICENSE OR PERMIT ACT OF 1996". (Effective May 11, 1996, D.C. Law 11-118, D.C. Code §47-2861 et seq.)

I, _____, certify that as of _____,
(PRINT NAME CLEARLY) (INSERT DATE)

I do not owe more than \$100.00 to the District of Columbia government as a result of:

1. Fines, penalties or interest assessed pursuant to the Litter Control Administration Action of 1985, effective March 25, 1986 (D.C. Code § 6-2901 et seq.);
2. Fines, penalties or interest assessed pursuant to the Illegal Dumping Enforcement Act of 1994, effective May 20, 1994 (D.C. Law 10-117; D.C. Code § 6-2911 et seq.);
3. Fines, penalties or interest assessed pursuant to the Department of Consumer and Regulatory Affairs Civil Infractions Act of 1985, effective October 5, 1986 (D.C. Law 6-42; D.C. Code § 6-2701 et seq.); or
4. Past due taxes.

I understand that if I knowingly falsify this Certification, the Department will move to revoke the license or permit for which I am applying, and to fine me \$1,000.00. I further understand that the Department may conduct an investigation to ascertain the veracity of this certification. I understand that this Certification is now required as documentation to accompany my application for a license or permit, and that by completing this Certification, I am not guaranteed that my license or permit will be approved.

(Applicant's Signature)

(Title)